

**PROVIDERS FOR CONTRACT ED05-0097
PRIVATE DAY SCHOOLS
CONTRACT PERIOD THROUGH 6/30/06**

Pam MacMillan
Desert Voices Oral Learning Center
3426 E. Shea Blvd.
Phoenix, AZ 85028

Franci Austin
The ACES
6815 W. Cactus Road
Peoria, AZ 85381

Don E. McDaniel, Jr.
Arizona Baptist Children's Svcs.
6015 West Peoria Avenue
Glendale, AZ 85302

Lane Martin-Barker
Devereux Arizona
11000 N. Scottsdale Road, Ste 260
Scottsdale, AZ 85254

Kristin E. Texada
The Hi-Star Center for Children
5807 N. 43rd Avenue
Phoenix, AZ 85019



OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED05-0097

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Aces (The Austin Center for
Company Name Exceptional Students)

6315 W. Cactus Road
Street Address

Peoria, AZ 85381
City State Zip Code

Telephone Number: 623 937 5090

Offeror's Arizona Transaction (Sales) Privilege Tax License Number:

Offeror's Federal Employer Identification Number:

FRANCIE AUSTIN
Name of Person Authorized to Sign Offer

VICE-PRESIDENT
Title of Authorized Person

Francie Austin
Signature of Authorized Person Date of Offer

Facsimile Number: 623 937 5349

267 83205

86-0793737

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amend-
ment(s) to the Solicitation for Offers and
related documents numbered and dated

Amendment No. Date

Amendment No. Date

NOTICE OF OFFER AND CONTRACT AWARD

Your Offer, dated 6/24/05, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED05-0097- 01.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 25th day of July, 2005.

Douglas C. Peebles
Douglas C. Peebles, MBA, CPPB, CPCM
Procurement Director

**SECTION 2
SPECIAL TERMS AND CONDITIONS**

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bldg #37
Phoenix, Arizona 85007

SOLICITATION NO. ED05-0097

percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.

15. **Mailing of Payments.** Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

(Company Name)

5 Gme

(Street Address)

(City & State)

(Zip Code)

16. Contractor representative to contact for contract administration purposes:

(Name and Title)

(Street Address)

(City & State)

(Zip Code)

(Telephone & Facsimile Numbers)

(E-mail Address)

17. The ADE representative to contact for technical matters concerning contract performance (NOTE: this person is not authorized to direct contractor performance or make changes in contract requirements.)

Beverley Boyd
Exceptional Student Services
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-1978
FAX: (602) 542-5404
E-mail: bboyd@ade.az.gov

ATTACHMENT 6.1 FEE SCHEDULE PART 1

SOLICITATION NO. ED05-0097

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	122.00	186	22,692
EDP: Emotional Disability/Separate Facility of Private School	122.00	186	22,692
HI: Hearing Impairment			
MD: Multiple Disabilities (Please circle combinations served) VI/Hi, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI/MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR: Mild Mental Retardation	122.00	186	22,692
MOMR: Moderate Mental Retardation	122.00	186	22,692
OHI: Other Health Impairment	122.00	186	22,692
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	122.00	186	22,692
SLI: Speech/Language Impairment	105.00 per hour		
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students	122.00	186	22,692

If payment is made within 15 calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by 0%. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

ATTACHMENT 6.1 FEE SCHEDULE PART II

Please complete entire form as appropriate.

Related Services	Available		Included in Daily Rate		Rate/unit (if not included)
Speech/Language Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	105. ⁰⁰ per hr
Occupational Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	105. ⁰⁰ per hr
Physical Therapy	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Audiology	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Pre-vocation/Vocational	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Counseling/Guidance for Students	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	105. ⁰⁰ per hour
Parent Counseling and Training	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Psychoeducational Assessments	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	175. ⁰⁰ to 400. ⁰⁰
Psychological Services	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Recreation	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
School Health Services	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Medical	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Transportation	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	negotiable
Other: 1:1 staff assignment	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	75. ⁰⁰ per day
Other:	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Other:	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Extended School Year	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	

Circle all grades for which you are approved:

PreK ☒ K ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED05-0097

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

ARIZONA BAPTIST CHILDREN'S SVCS.
Company Name

6015 WEST PEORIA AVENUE
Street Address

GLENDALE AZ 85302
City State Zip Code

Telephone Number: 623.349.2227

Offeror's Arizona Transaction (Sales) Privilege Tax License Number:

Offeror's Federal Employer Identification Number:

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

Amendment No. Date

Amendment No. Date

DON E. MCDANIEL, JR.
Name of Person Authorized to Sign Offer

SENIOR VICE PRESIDENT
Title of Authorized Person

[Signature] 6/27/05
Signature of Authorized Person Date of Offer

Facsimile Number: 623.776.0343

86 605 3028

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 6/27/05, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED05-0097- 02.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 25th day of July, 2005.

[Signature]
Douglas C. Peoples, MBA, CPPB, CPCM
Procurement Director

**SECTION 2
SPECIAL TERMS AND CONDITIONS**

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED05-0097

percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.

15. **Mailing of Payments.** Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

(Company Name)

(Street Address)

(City & State)

(Zip Code)

16. Contractor representative to contact for contract administration purposes:

DON E. McDANIEL, JR., SR. V.P.
(Name and Title)

6015 WEST PERIA AVENUE
(Street Address)

GLENDALE AZ 85302
(City & State) (Zip Code)

623 349 2219 / 623 7760343
(Telephone & Facsimile Numbers)

dmdaniel@abcs.org
(E-mail Address)

17. The ADE representative to contact for technical matters concerning contract performance (NOTE: this person is not authorized to direct contractor performance or make changes in contract requirements.)

Beverley Boyd
Exceptional Student Services
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-1978
FAX: (602) 542-5404
E-mail: bboyd@ade.az.gov

**ATTACHMENT 6.1
FEE SCHEDULE PART I**

SOLICITATION NO. ED05-0097

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism			
EDP: Emotional Disability/Separate Facility of Private School	<i>\$110.</i>	<i>180</i>	<i>\$19,800</i>
HI: Hearing Impairment			
MD: Multiple Disabilities (Please circle combinations served) VI/VI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI/MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR: Mild Mental Retardation	<i>\$110</i>	<i>180</i>	<i>\$19,800</i>
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment	<i>\$110</i>	<i>180</i>	<i>\$19,800</i>
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	<i>\$110</i>	<i>180</i>	<i>\$19,800</i>
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by _____. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

**ATTACHMENT 6.1
FEE SCHEDULE PART II**

Please complete entire form as appropriate.

Related Services	Available	Included in Daily Rate	Rate/unit (if not included)
Speech/Language Therapy	<input checked="" type="radio"/> Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	75. ⁰⁰ per hr.
Occupational Therapy	<input checked="" type="radio"/> Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	25. ⁰⁰ per hr.
Physical Therapy	<input checked="" type="radio"/> Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	75. ⁰⁰ per hr.
Audiology	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	
Pre-vocation/Vocational	<input checked="" type="radio"/> Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	20. ⁰⁰ per hr.
Counseling/Guidance for Students	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	
Parent Counseling and Training	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	
Psychoeducational Assessments	<input checked="" type="radio"/> Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	AT RATE CHARGED ARCS/SLEC
Psychological Services	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	
Recreation	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	
School Health Services	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	
Medical	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	
Transportation	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	
Other:	Y <input type="radio"/> N	Y <input type="radio"/> N	
Other:	Y <input type="radio"/> N	Y <input type="radio"/> N	
Other:	Y <input type="radio"/> N	Y <input type="radio"/> N	
Extended School Year	<input checked="" type="radio"/> Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	85. ⁰⁰ daily

Circle all grades for which you are approved:

PreK ☒ (K) ☒ (1) ☒ (2) ☒ (3) ☒ (4) ☒ (5) ☒ (6) ☒ (7) ☒ (8) ☒ (9) ☒ (10) ☒ (11) ☒ (12)



OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Box 437
Phoenix, Arizona 85007

SOLICITATION NO. ED05-0097

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Desert Voices Oral Learning Center
Company Name

3426 E. Shea Blvd.
Street Address

Phoenix, AZ 85028

City State Zip Code

Telephone Number: 602-224-0598

Pam MacMillan

Name of Person Authorized to Sign Offer

Vice-President

Title of Authorized Person

Pam MacMillan 6-27-05
Signature of Authorized Person Date of Offer

Facsimile Number: 602-224-2460

Offeror's Arizona Transaction (Sales) Privilege Tax License Number:

N/A

Offeror's Federal Employer Identification Number:

86-0834633

Acknowledgement of Amendment(s):

(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

Amendment No. Date

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State and Local Use Only)

Your Offer, dated 6/27/05, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED05-0097-03.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 25th day of July, 2005.

Douglas C. Peoples, MBA, CRPB, CPCU
Procurement Director

SECTION 2
SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bldg #37
Phoenix, Arizona 85007

SOLICITATION NO. ED05-0097

percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.

15. **Mailing of Payments.** Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

Desert Voices Oral Learning Center
(Company Name)

3426 E. Shea Blvd.
(Street Address)

Phoenix, AZ 85028
(City & State) (Zip Code)

16. **Contractor representative to contact for contract administration purposes:**

Barbra Smith, Office Manager
(Name and Title)

3426 E. Shea Blvd.
(Street Address)

Phoenix, AZ 85028
(City & State) (Zip Code)

Ph 602-224-0598 Fx 602-224-2460
(Telephone & Facsimile Numbers)

bsmith@desertvoices.phxcocmail.com
(E-mail Address)

17. **The ADE representative to contact for technical matters concerning contract performance (NOTE: this person is not authorized to direct contractor performance or make changes in contract requirements.)**

Beverley Boyd
Exceptional Student Services
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-1978
FAX: (602) 542-5404
E-mail: bboyd@ade.az.gov

Desert Voices Oral Learning Center

ATTACHMENT 6.1

FREE SCHEDULE PART I

SOLICITATION NO. ED05-0097

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism			
EDP: Emotional Disability/Separate Facility of Private School			
HI: Hearing Impairment	\$92	180	\$16,500
MD: Multiple Disabilities (Please circle combinations served) VI/VI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI/MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SV/SHI, SV/MOMR, SV/SMR, SV/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability			
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by _____%. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

Desert Voices Oral Learning Center

ATTACHMENT 61 FEE SCHEDULE PART III

Please complete entire form as appropriate.

Related Services	Available		Included in Daily Rate		Rate/unit (if not included)
Speech/Language Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Occupational Therapy	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Physical Therapy	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Audiology	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Pre-vocation/Vocational	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Counseling/Guidance for Students	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Parent Counseling and Training	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Psychoeducational Assessments	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Psychological Services	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Recreation	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
School Health Services	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Medical	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Transportation	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Other:	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Other:	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Other:	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Extended School Year	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	\$1,000

Circle all grades for which you are approved:

☒ PreK
 ☒ K
 ☐ 1
 ☐ 2
 ☐ 3
 ☐ 4
 ☐ 5
 ☐ 6
 ☐ 7
 ☐ 8
 ☐ 9
 ☐ 10
 ☐ 11
 ☐ 12



OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED05-0097

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Devereux Arizona

Company Name

11000 N. Scottsdale Road, Ste. 260

Street Address

Scottsdale, AZ 85254

City

State

Zip Code

Telephone Number: (480) 998-2920

Lane Martin-Barker

Name of Person Authorized to Sign Offer

Acting Executive Director

Title of Authorized Person

Lane Martin-Barker 7/1/05

Signature of Authorized Person

Date of Offer

Facsimile Number: (480) 443-5587

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: N/A

Offeror's Federal Employer Identification Number: 23-1390618

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

Amendment No. Date

N/A

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(By State or its authorized agent)

Your Offer, dated 7/1/05, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED05-0097-D4.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 25th day of July, 2005.

Douglas C. Peoples
Douglas C. Peoples, MBA, CPPB, CPCP
Procurement Director

SECTION 2
SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin 837
Phoenix, Arizona 85007

SOLICITATION NO. ED05-0097

percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.

15. **Mailing of Payments.** Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

Devereux Arizona
(Company Name)

11000 N. Scottsdale Road, Ste. 260
(Street Address)

Scottsdale, AZ 85254
(City & State) (Zip Code)

16. Contractor representative to contact for contract administration purposes:

Steven O'Donnell, Assistant Director
(Name and Title)

11000 N. Scottsdale Road, Ste. 260
(Street Address)

Scottsdale, AZ 85254
(City & State) (Zip Code)

(980) 998-2920 & (480) 443-5587
(Telephone & Facsimile Numbers)

SODONNEL@devereux.org
(E-mail Address)

17. The ADE representative to contact for technical matters concerning contract performance (NOTE: this person is not authorized to direct contractor performance or make changes in contract requirements.)

Beverley Boyd
Exceptional Student Services
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-1978
FAX: (602) 542-5404
E-mail: bboyd@ade.az.gov

* Devereux Arizona's special education rate is \$118.00 per day per client effective 07/01/05 and is based on 179 school days in a calendar year. The information in the below schedule reflects ADE's Special Education Residential Voucher Daily Rates for FY2005 for grades 9-12. This is last year's information.

**ATTACHMENT 6.1
FEE SCHEDULE PART I**

SOLICITATION NO. ED05-0097

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$116.45	179	\$20,844.55
EDP: Emotional Disability/Separate Facility of Private School	\$97.28	179	\$17,413.12
HI: Hearing Impairment			
MD: Multiple Disabilities (Please circle combinations served) VI/Hi, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI/MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	\$116.45	179	\$20,844.55
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR: Mild Mental Retardation	\$34.00	179	\$6,086.00
MOMR: Moderate Mental Retardation	\$93.62	179	\$16,757.98
OHI: Other Health Impairment	\$34.00	179	\$6,086.00
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$34.00	179	\$6,086.00
SLI: Speech/Language Impairment	\$34.00	179	\$6,086.00
SMR: Severe Mental Retardation	\$116.45	179	\$20,844.55
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within N/A calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by N/A %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

**ATTACHMENT G1
FEE SCHEDULE PART II**

Please complete entire form as appropriate.

Related Services	Available		Included in Daily Rate		Rate/unit (if not included)
Speech/Language Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	\$50.00 hour
Occupational Therapy	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Physical Therapy	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Audiology	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Pre-vocation/Vocational	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Counseling/Guidance for Students	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	\$75.00 hour
Parent Counseling and Training	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	\$75.00 hour
Psychoeducational Assessments	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Psychological Services	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Recreation	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
School Health Services	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Medical	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N	
Transportation	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	\$50.00 day
Other: One-To-One Services	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	\$30.00 hour
Other: Two-To-One Services	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	\$45.00 hour
Other: Speech and Language Assessment	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	\$150.00 hour
Extended School Year	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input checked="" type="radio"/> N	\$118.00 day

Circle all grades for which you are approved:

PreK ☒ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12



OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED05-0097

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

STARWAYS, INC. dba THE HI-STAR CENTER

Company Name

5807 N. 43rd Ave.

Street Address

Phoenix AZ 85019

City State Zip Code

Telephone Number: 602-548-3038

Kristin E. Texada

Name of Person Authorized to Sign Offer

President & Program Director

Title of Authorized Person

Kristin E. Texada

Signature of Authorized Person

Date of Offer

Facsimile Number: 602-548-3038

Offeror's Arizona Transaction (Sales) Privilege Tax License Number:

Offeror's Federal Employer Identification Number:

86-0716105

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

Amendment No. Date

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 7/5/05, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED05-0097- 05.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 25th day of July, 2005.

Douglas C. Peebles
Douglas C. Peebles, MBA, CPPB, CPCU
Procurement Director

SECTION 2
SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED05-0097

percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.

15. **Mailing of Payments.** Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

THE HI-STAR CENTER FOR CHILDREN
(Company Name)

PO BOX 6466
(Street Address)

GLENDAL, AZ 85312
(City & State) (Zip Code)

16. Contractor representative to contact for contract administration purposes:

BRIDGET J. OTTERMAN, EDUCATIONAL DIRECTOR
(Name and Title)

5807 N. 43rd AVE.
(Street Address)

PHOENIX, AZ 85019
(City & State) (Zip Code)

602-548-3038/602-548-3175
(Telephone & Facsimile Numbers)

histarcenter@hsc.phxcoxmail.com
(E-mail Address)

17. The ADE representative to contact for technical matters concerning contract performance (NOTE: this person is not authorized to direct contractor performance or make changes in contract requirements.)

Beverley Boyd
Exceptional Student Services
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-1978
FAX: (602) 542-5404
E-mail: bboyd@ade.az.gov

**ATTACHMENT 6.1
FEE SCHEDULE PART I**

SOLICITATION NO. ED05-0097

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$137.00	180	\$ 24,660.00
EDP: Emotional Disability/Separate Facility of Private School	\$137.00	180	\$ 24,660.00
HI: Hearing Impairment			
MD: Multiple Disabilities (Please circle combinations served) VI/HL, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI/MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED	\$137.00	180	\$ 24,660.00
MIMR: Mild Mental Retardation	\$137.00	180	\$ 24,660.00
MOMR: Moderate Mental Retardation	\$137.00	180	\$ 24,660.00
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$137.00	180	\$ 24,660.00
SLI: Speech/Language Impairment	\$137.00	180.00	\$ 24,660.00
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within NA calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by NA%. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

**ATTACHMENT 6.1
FEE SCHEDULE PART II**

Please complete entire form as appropriate.

Related Services	Available	Included in Daily Rate	Rate/unit (if not included)
Speech/Language Therapy	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	
Occupational Therapy	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	
Physical Therapy	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	
Audiology	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	
Pre-vocation/Vocational	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	
Counseling/Guidance for Students	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	
Parent Counseling and Training	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	
Psychoeducational Assessments	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	
Psychological Services	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	
Recreation	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	
School Health Services	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	
Medical	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	
Transportation	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	
Other: MUSIC & MOVEMENT/DANCE	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	
Other: MASTERPIECE ART INSTRUCTION	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	
Other:	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	
Extended School Year	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	

Circle all grades for which you are approved:

PreK K

☒ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☒ 8

☐ 9

☐ 10

☐ 11

☐ 12